

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT
NOTICE OF APPEAL NOTIFICATION FORM

Please Fill Out Completely

CASE INFORMATION:

Short Case Title: _____
Court of Appeals No. (leave blank if unassigned) _____
U.S. District Court, Division & Judge Name _____
Criminal and/or Civil Case No. _____
Date Complaint/Indictment/Petition Filed: _____
Date Appealed order/judgment *entered*: _____
Date NOA *filed*: _____
Date(s) of Indictment _____ Plea Hearing _____ Sentencing _____

COA Status (check one): ☐ granted in full (attach order) ☐ denied in full (send record)
 ☐ granted in part (attach order) ☐ pending

Court Reporter(s) Name & Phone Number _____

Magistrate Judge's Order? If so, please attach.

FEE INFORMATION

Date Docket Fee Paid: _____ Date Docket Fee Billed: _____
Date FP granted: _____ Date FP denied: _____
Is FP pending? ☐ yes ☐ no Was FP limited ☐? Revoked ☐?
US Government Appeal? ☐ yes ☐ no
Companion Cases? Please list: _____

Please attach copy of any order granting, denying or revoking FP.

COUNSEL INFORMATION (please include email address)

Appellate Counsel: _____ Appellee Counsel: _____

☐ retained ☐ CJA ☐ FPD ☐ Pro Se ☐ Other _____ ***Please attach appointment order.***

DEFENDANT INFORMATION

Prisoner ID _____ Address: _____
Custody _____
Bail _____

AMENDED NOTIFICATION INFORMATION

Date Fees Paid _____ 9th Circuit Docket Number _____

Name & Phone Number of Person Completing this Form: _____
